



# BEL-RED SLEEP

## DIAGNOSTIC CENTER

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**RODNEY J. JOHNSON, M.D., Ph. D.**  
Supervising Physician/Medical Director

PATIENT NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Insurance: \_\_\_\_\_ Patient Phone No. \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ NPI # \_\_\_\_\_

PHONE # \_\_\_\_\_ FAX #: \_\_\_\_\_

Please choose the appropriate test: (Please see descriptions below):

1.  Nocturnal Polysomnogram- Diagnostic Sleep Study (NPSG)
2.  Nocturnal Polysomnogram and Multiple Sleep Latency Test (NPSG/MSLT)
3.  CPAP/BIPAP Titration Study
4.  NPSG/SPLIT PROTOCOL (2 to 3 hours total sleep time with AHI > 30 events/hr to be qualify to start the CPAP treatment for OSA)

Please check all symptoms that apply to patient:

- |  |   |
|--|---|
| <input type="checkbox"/> Excessive Daytime Sleepiness    | <input type="checkbox"/> Other Hypersomnia                                      |
| <input type="checkbox"/> Obstructive Sleep Apnea (OSA)   | <input type="checkbox"/> Dysfunctions associated w/stages or arousal from sleep |
| <input type="checkbox"/> Restless Legs Syndrome (RLS)    | <input type="checkbox"/> Specific Disorders of initiating or maintaining sleep  |
| <input type="checkbox"/> Narcolepsy/Cataplexy            | <input type="checkbox"/> Witnessed breathing pauses at night                    |
| <input type="checkbox"/> Somnambulism or Night Terror    | <input type="checkbox"/> Periodic Limb Movement Disorder                        |
| <input type="checkbox"/> Convulsions                     | <input type="checkbox"/> Hypoventilation  |
| <input type="checkbox"/> Sleep Disturbances, unspecified | <input type="checkbox"/> Hypoxemia/Hypoxia                                      |
| <input type="checkbox"/> Insomnia w/sleep apnea, UARS    | <input type="checkbox"/> REM Behavior Disorder (RBD)                            |
| <input type="checkbox"/> Other Sleep Disorders           |   |

Ordering Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEFINITION OF TEST:**

- 1) NPSG – Nocturnal Polysomnography Study (Diagnostic Sleep Study)
- 2) MSLT – Multiple Sleep Latency Test: Starts as a NPSG followed by MSLT to determine the degree of Narcolepsy and if the AHI was less than 30 events/hour during NPSG study. This is the most common protocol for MSLT.
- 3) CPAP/BiPAP Titration: Treatment study using CPAP device or BiPAP after the NPSG study.
- 4) SPLIT Night Protocol: Starts as a NPSG and CPAP treatment may be perform if meet the AHI criteria of OSA events after the completion of 2 to 3 hour total sleep time (TST), AHI should be greater than 30 events/hour.

Prior to the sleep study we must receive the following documentations:

- A) Recent H&P pertinent to sleep test.
- B) Current list of all medications
- C) Copy of any previous sleep study

If you have questions about which test is appropriate for your patient, please call us directly. The sleep study results will be faxed or mailed to the referring physician's office. Please allow at least 3 business days for the test results. For your patient's privacy please be sure that the fax number you provide is correct.

